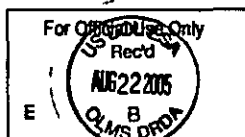


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| | |
|--|---|
| 1 File Number U <u>17069</u> | 2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004 |
| 3 Name and address of person filing Name Robert L Carr P O Box, Bldg Room No if any Street 1246 Putman Ave City Yuba City State California ZIP Code + 4 95991 | 4 Name file number and address of labor organization. Name Plumbers & Pipefitters Local Union #228 Labor Organization File Number 046-443 P O Box Building and Room Number if any Street 1246 Putman Ave City Yuba City State California ZIP Code + 4 95991 |
| 5 Position in labor organization Business Manager | |

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

| | |
|--|---|
| A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4 | 7 a. Nature of Interest, Transaction or Income 7 b. Amount |

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions.)

Signed

Robert L Carr

On

8-15-05
Date

(530) 673-8690
Telephone Number

| | |
|-----------------------------------|---------------|
| Name of Person Filing Robert Carr | File Number U |
|-----------------------------------|---------------|

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

| | |
|--|--|
| <p>8 Name and address of Business (including trade name if any)</p> <p>Name Invesco Capital Mgmt Inc</p> <p>Trade Name if any</p> <p>P O Box, Bldg Room No if any One Midtown Plaza</p> <p>Street 1360 Peachtree St NE #100</p> <p>City Atlanta</p> <p>State Georgia ZIP Code + 4 30309</p> | <p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p> |
| <p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name P T D C #36 Pension Trust Fund</p> <p>Trade Name if any</p> <p>P O Box, Bldg Room No if any P O Box 7892</p> <p>Street 221 Main St</p> <p>City San Francisco</p> <p>State California ZIP Code + 4 94120</p> | <p>11 a Nature of such dealing</p> <p>Investment Manager to Pipe Trades District Council #36 Pension Trust</p> <p>Total Fees Paid for 2004</p> <p>11 b Approximate dollar value of such dealing \$37 175</p> <p>12 a Nature of interest held or income received</p> <p>\$47 96 - Soft Side ice chest rolling</p> <p>\$34 00 - Box Toffee Candy</p> <p>12 b Amount \$82</p> |

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

| | |
|--|---------------------------------------|
| <p>13 a. Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14 a Nature of payment.</p> |
| <p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14 b Amount of payment.</p> |